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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to: <b>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>	Attorney Docket No.	1736-000001/REC
	First Named Inventor	Hyon et al.
	Original Patent Number	6,168,626
	Original Patent Issue Date (Month/Day/Year)	1/2/2001
	Express Mail Label No.	EL 623 308 326 US

### APPLICATION FOR REISSUE OF:

(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (e.g., PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No  
(If Yes, check applicable box(es))
  - ☒ Written Consent of all Assignees (PTO/SB/53)
  - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Sequence Submission  
(if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status/support for all changes to the claims.  
See 37 CFR 1.173(c).
11. ☐ Original U.S. Patent for surrender
  - ☐ Ribboned Original Patent Grant
  - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. ☒ Other: Statement under 37 C.F.R. 1.69 (b)

### 14. CORRESPONDENCE ADDRESS

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10/643673  
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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>						Docket Number (Optional) 1736-000001/REC		
<b>Claims as Filed - Part 1</b>								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 11	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 148	**** 128	X\$ = X\$ =		or	X\$18.00=	2,304.00
(C) 5		(D) 17	* 12				X\$84.00=	1,008.00
Basic Fee (37 CFR 1.16(h))					\$			
Total Filing Fee					\$		OR	\$ 4,062.00
<b>Claims as Amended - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	...	MINUS	..	=	X\$ =		or	X\$ =
Independent Claims (37 CFR 1.16(i))	...	MINUS	*****	=	X\$ =			X\$ =
Total Additional Fee					\$		OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 27 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>08-0750</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>4,062.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <p><u>August 13, 2003</u></p> <p>Date</p> <p><u>August 19, 2003</u> MAF</p> </div> <div style="width: 60%; text-align: center;"> <p><u>Mark A. Frentrup</u></p> <p>Signature of Applicant, Attorney or Agent of Record</p> <p>_____ Mark A. Frentrup</p> <p>_____ Typed or printed name</p> </div> </div>								